

ethics promulgated from time to time by this Association or by the American Medical Association, shall be subject to censure, suspension or expulsion from his society by such component county society."

Respectfully submitted,

COMMITTEE ON PROFESSIONAL CONDUCT.

Date: \_\_\_\_\_

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IV. *The details of service, certificate of service, notice of hearing*, and all of the other details set forth in Chapter II, Section 3, of the By-Laws of the California Medical Association should be meticulously followed.

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V. *There should be no evasion* of the fact that the respondent who is being cited is to be tried; that the Council before which he is cited to appear is a trial body; or that he will be on trial when he appears.

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VI. *The Chairman of the Committee on Professional Conduct should be assigned the definite duty of prosecutor*, the other members of the committee sitting as advisers.

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VII. *The Council, which is in fact the jury*, should refrain from interrogation of the respondent or witnesses except in such instances as some question may be necessary to clarify some doubt existing in the questioner's mind. When there is such a question it should be addressed to the presiding officer.

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VIII. *The Council should make a definite rule stating whether attorneys-at-law will be permitted to represent either side* in such a trial. The committee recommends that they be not permitted.

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IX. *The respondent should be advised of his rights*, namely: that he may be represented by any member as counsel; (but if the foregoing recommendation (Item VIII) is adopted, it should be stipulated that he may not be represented by a member who is admitted to the Bar) that he, or his counsel, may cross-examine witnesses; that he may offer in evidence any records or documents that he deems fit; that he may enter objections as to testimony or to material in evidence; that he may address the Council in his own behalf; and that he has the right of appeal.

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X. *A referee* should be requested in all cases.

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XI. It shall be the *policy of the Council that the Chairman thereof shall remain as its presiding officer, but that all questions of procedure shall be answered by the referee, if any.*

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XII. *On conclusion of the hearing*, the respondent, his counsel, if any, the Professional Conduct Committee, and the referee should be excluded and the verdict considered. The verdict should be ascertained by secret ballot in writing.

A time should be fixed in which briefs may be filed, and the Council should consider the evidence after such time has elapsed.

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XIII. The Council shall establish as a policy, and shall recommend to the Board of Trustees that the Secretary shall be granted *authority to engage the services of a court reporter* for the purpose of securing a transcript of evidence at all trials.

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XIV. *The Secretary of the Association shall advise the accused in writing of said accused's rights* under Chapter II, Section 3, Paragraph 5 of the By-Laws of the California Medical Association on a form on which shall be printed all of Chapter II, Section 3, Paragraph 5.

XV. *To avoid expressions of opinion, verdicts should be rendered as follows:*

"*Resolved*, That the charges against (name) be and hereby are dismissed" in case that the respondent is found not guilty;

or

"*WHEREAS*, (name), a member of this Association, has been charged with violation of certain sections or articles of the Code of Ethics; and

"*WHEREAS*, He has had a fair and impartial trial and has been found guilty;

"*Resolved*, That he be and hereby is (action taken)."

## COUNTY MEDICAL SOCIETY HEADQUARTERS HOMES

**The Official Journal's Plea for "Medical Buildings," as Made a Quarter of a Century Ago.**—Twenty-five years ago, Editor Philip Mills Jones gave expression to a thought, neither then nor now new, but today even more worthy of serious reflection by all county medical associations of any considerable size. Editor Jones, in the following words (which appeared on page 152 in the "Twenty-five Years Ago" column of last month's issue), advocated homes for county medical societies:

Have you thought anything about that suggestion in the last JOURNAL as to the county society owning its own building? It can be done by a good many—if not most—of the county societies in California. You all pay rent to somebody; why not pay it to the county society? It is merely a matter of finance, of getting together, and the getting together, in some places, seems to be the hardest part of the problem.

\* \* \*

**County Medical Societies Having More Than One Hundred Members Should Be Especially Interested.**—A glance at the membership totals of the California Medical Association's component county societies (which, with five conjoint county units, each made up of more than one county, embrace fifty of California's fifty-eight counties; as listed on page 5 of the Membership Roster supplement of the February OFFICIAL JOURNAL) will promptly reveal the county societies credited with more than one hundred members each. Of organizations having such membership the California Medical Association possesses eleven: Alameda, Fresno, Los Angeles, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Barbara, and Santa Clara. Why should not each of the societies mentioned (Los Angeles and San Francisco counties having already provided themselves with homes) consider financial ways and means, as well as location and plans, for the erection of headquarters homes? In Los Angeles County, several of the larger geographical branches (that of Long Beach, for instance, which boasts over 200 members) might well consider homes of their own. It is quite likely, if inquiry were made of the Federal Home Loan authorities, that plans could be devised whereby, with a showing of a basic investment or resources of 10 per cent (to be raised by initial voluntary contribution or assessment), it might be possible to secure a federal loan up to, perhaps, \$6,000, with repayment on easy terms and low interest over a period of twenty years. If a lot were secured through donation or purchase, the initial hurdle would

have been cleared, and the remaining steps should bring no major hardships if ordinary budget caution were used.

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**Simple Headquarters Would Be in Order: Woman's Auxiliary Could Help.**—An elaborate initial structure would not be necessary. A meeting hall, with shelvings for books, and a reading alcove, with anterooms, would answer all immediate needs. The woman's auxiliary in each county could lend a hand, both with furnishings and in the maintenance of such headquarters, and its library, clubhouse, and meeting-place accommodations. Why not, then, dignify your county medical society with a home of its own? The possession of headquarters property would not only add to the prestige of every association owning the same, but would have a stimulating influence upon the growth of the unit, and the development of finer fraternal and other affiliations. In our colleges and universities, the Greek-letter fraternities for many years have demonstrated the advantages of individual clubhouses. Surely, in the ancient guild of physicians, it should be attainable to duplicate what has been so often created and so successfully achieved by small groups of undergraduate students; and especially so today, when long-time, low-interest loans from federal sources may often be obtained on comparatively slender initial investment. We feel certain, also, that the established medical libraries of California will be happy to cooperate in starting local book collections, by donating duplicate volumes which otherwise must often be sold as waste paper.

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**A Special Committee on Headquarters Is in Order.**—Why not, while the subject is ripe, have your own society appoint a special committee to look into this proposition? The officers of the California Medical Association will be glad to advise. For any members who may shy off at the thought of a local assessment needed to help purchase a lot, it will be in order to state that every applicant for membership in the Los Angeles County Medical Association today must pay, or sign a note to pay, the sum of one hundred dollars into the permanent quarters fund. That large county society, through fortunate investment some years ago, now has a headquarters and library building of unusual usefulness and attractiveness, and a home that is becoming an increasing benefit and joy to its members; and what has been done in Los Angeles and San Francisco can be repeated by other county units. San Francisco colleagues, in their annual dues, assess themselves even more heavily than do their fellows in Los Angeles. As already stated, the OFFICIAL JOURNAL of the California Medical Association became a propagandist for headquarters homes as long as twenty-five years ago. Why not, then, make an earnest attempt, in these years, 1938-1939, to prove whether such a desirable addition can be brought into being for your society? Surely, the proposal is worthy of earnest thought and discussion. "Where there is a will, there is a way."

## SOME COUNTY HOSPITAL PROBLEMS: CONTINUED FROM FEBRUARY ISSUE\*

**County Hospital Articles in the February Issue.**—In last month's issue, comment concerning certain conditions which had been brought to our attention was made under two captions: (1) "California County Hospital Bureaucracy! Which Way Leading?—State Medicine Through a Back-Door Entrance?" and, (2) "Los Angeles County Hospital Collections Bureau," this having as a subheading: "How Los Angeles County Charges the Indigent Sick for Hospitalization, While Accepting Gratuitous Medical Service to the Value of About Two Million Dollars Annually from Attending Physicians and Surgeons"; the latter article including some ten exhibits, and covering correspondence, the full Kern County Appellate Court decision, and other items.

To have printed the above in the OFFICIAL JOURNAL of the California Medical Association, and, after mailing, to have then sent copies to the Board of Supervisors or to the newspapers, would have resulted, probably, in little more than another experience with what so often takes place under such conditions, to wit, "move the report be received and filed." Therefore, and because the principles involved in the County Hospital conditions outlined were closely related to the State's welfare, the articles were released to the public press of Los Angeles two days in advance of the regular mailing date of CALIFORNIA AND WESTERN MEDICINE. It was heartening to note the prominence which the newspapers, of their own volition and without special request, gave to the discussion of these local county hospital problems. After publication of the charges in the press, several hearings were held, at which Los Angeles County officials and members of the executive board of the attending staff were present, the further study of the matter being then delegated to a joint group of the above parties. What the ultimate decision of the conferences will be is not possible, of course, to forecast; but that some of the conditions complained of will be remedied, is quite certain. For, not to modify certain of the present procedures must result ultimately in a popular outburst, with adoption of methods differing decidedly from those in vogue in the past. Elsewhere in this issue,<sup>†</sup> some additional, new evidence is submitted to substantiate statements made in the February issue.

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**The Essence of the Kern County Injunction.** In this column, at this time, we would only emphasize the fact that, no matter how much legal and other language may be quoted or brought forward to the contrary, the really significant and far-reaching items of the Kern County Hospital Fourth District Appellate Court decision are the subdivisions (a) and (b) of Injunction Section 8

\* See CALIFORNIA AND WESTERN MEDICINE, February, 1938, on pages 73 and 97.

† See report in Special Articles department, on page 216.